



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH INDIANAPOLIS

City of Hospital: Indianapolis

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Tamara Murphy

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Medicare Provider Number: 15-0162

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1165591781
Outpatient Patient Service Revenue	\$1561066636
Total Gross Patient Service Revenue	\$2726658417

2. Deductions From Revenue

Contractual Allowance	\$1848761924
Other Deductions	\$55874546
Total Deductions	\$1904636470

3. Total Operating Revenue

Net Patient Service Revenue	\$822021947
Other Operating Revenue	\$40226512
Total Operating Revenue	\$862248459

4. Operating Expenses

Salaries and Wages	\$229706654	Employee Benefits	\$63117605
Depreciation and Amortization	\$33843661	Interest Expense	\$19730742
Bad Debt	\$11016661	Other Expenses	\$388537942
Total Operating Expenses	\$745953265		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$116295194	Total Assets	\$598935841
Net Non-operating Gains over Loss	\$-173882	Total Liabilities	\$-46564747

Total Net Gains	\$116121312
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1273552590	\$1068109098	\$205443492
Medicaid	\$400850566	\$301413802	\$99436764
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1052255262	\$535113569	\$517141693
Total	\$2726658418	\$1904636469	\$822021949

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$822870	\$0	\$822870

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$2037549	\$-2037549

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$1712825	\$4592487	\$-2879662
Hospital Patients	\$0	\$0	\$0
Community Education	\$132687	\$5069017	\$-4936330

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$38383225	
HCI Payments	\$0		
Subtotal	\$0	\$38383225	\$-38383225
Medicaid Shortfalls	\$75208631	\$146789775	
Subtotal	\$75208631	\$185173000	\$-109964369
DSH Payments	\$0		
Subtotal	\$75208631	\$185173000	\$-109964369
Medicare Shortfalls	\$223569198	\$378516635	
Other Government Programs	\$0	\$0	
Total	\$298777829	\$563689635	\$-264911806

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1444581	\$0	\$1444581
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$-540085	\$3369897	\$-3909982

Comments

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